

Name of Participant

NOTE: This consent form will remain with *<Ipswich Therapy Centre>* for their records

I agree/Do not agree to take part in the external audit against the <NDIS PRACTICE STANDARDS to be conducted 3rd and 4th September by The Institute for Healthy Communities Australia Certification Pty Ltd.

Type of Review	Opt Out	Type of Interview
	Please circle yes	Please circle your preferred interview method if not opting out
Interview and File Review	Yes	Group / Telephone / Face to Face
Interview only	Yes	Group / Telephone / Face to Face
File Review only	Yes	

I understand that my participation is voluntary and unless I opt out I am automatically enrolled into the audit process. Should I choose to participate I can withdraw at any stage prior to the audit. I am aware that I am entitled to have an independent advocate or support person of my choice to enable me to participate in the audit process (please let your NDIS provide know if you need assistance in arranging this support).

I understand that any data that the Audit Team gathers from the interview or focus group will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could identify me either directly or indirectly will be disclosed in any reports, or to any other party without written consent, unless required by law.

Participant's Name:	
Signature:	(participant or decision-maker)
Date:	